JU-LMU-Link

Report 2011

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Preparations

By October 22, 2011, all six of us - Carmen Gabl, Jana Wandrowski, Moritz Erichsen, Marie Tzschaschel, Daniel Nörenberg and Marie Louise Frevert - had submitted our applications for the JU-LMU-Link for Medical Education. Less than two weeks later, we, individually, sat across three people - one professor, one LMU student who had taken part in the link during the previous year, and one Jimma University medical intern who spent the month of November at the LMU.

When we all got the Email saying that we had been accepted to the program, we were elated. Shortly afterwards, we got to know each other, as well as the organizers of the program and the Ethiopian students. Two Cultural Anthropology students - Stephanie Salzhuber and Andrea Buhl - also joined us as they were planning on doing their field work in Ethiopia. Shortly afterwards, we, including some alumni of the program as well as the Ethiopian students, dined together at the „Café Omo" to get a first taste of the delicious food that we would be enjoying during our stay in Jimma. It was perfect for us to meet with Ethiopian students beforehand. From then onwards, we met up each week, preparing presentations not only about the history, political situation, and economy of Ethiopia, but also about health care, women's health, and traditional medicine and thus learning more and more about the country we would spend more than a month living in. During these seminars, we also received an introduction to Amharic, Ethiopia's official language. Steffi and Andrea both also held a short lecture about their focus of research and it was fascinating to hear about their projects.

There was a lot more to do than just learning about the country. At the end of November, only a couple of weeks after we had been informed, that we will be going to Ethiopia we had to book our flights, because the prices were increasing quickly. Most of us booked flights with Turkish Airlines, but Ethiopian Airlines an Egypt Air also offer flights from Munich to Addis Abeba.

It is of utmost importance to see a tropical disease specialist quite early. There are several issues to consider, first and foremost the vaccinations. We either went to the „Max-von-Pettenkofer-Institut" or the „Tropeninstitut", but both recommended the same vaccinations: Hepatitis A + B, yellow fever, meningococcus and a polio refresher shot. Apart from those you should also consider getting the rabies vaccination.

Once all of those issues were solved we had to get our visa. If you go to Ethiopia and want to work there you always need a business visa, which you have to apply for beforehand (unlike for tourist visa - you can get those at the airport in Addis) in Berlin. For that we needed the letter of invitation from Jimma University. The processing of our forms took about 2 weeks.

Shortly before leaving for Ethiopia, there was a major scare that the program would have to be cancelled this year as religious tensions were raging in the Jimma region, where a Koran was apparently burned and in retaliation, dozens of churches were set on fire. Luckily, the situation cooled down quickly and we were able to partake in the program after all.

The Hotels

After we arrived in Jimma, we first had to find a place to stay. The hotels in Jimma decided to charge us the "faranji" fare, meaning that the price for a room basically doubled. After some discussion and explanation, we, however, managed to settle on the normal, local, price but we received no further discount despite wanting to stay for a month. Another difficulty we encountered was that some hotels did not permit people of the same sex to share a room. The „Honeyland Hotel", where LMU students used to stay in the previous years, jacked up its prices and is quite expensive now (530 ETB for the double bedroom) even though it offers a lot of comfort, maybe even too much considering the circumstances. A part of the group stayed in the „Abbabech Hotel" - a very traditional hotel, with nice clean rooms - for one week. The only downside was that bathrooms and toilets were shared. Eventually, we all moved into the new „Harot Building" (the hotel does not have a name yet) and managed to get a very good deal (65 ETB per night). Everybody had his or her own room with an en-suite bathroom. After two weeks of staying there, the hotel also invested in a generator, which was perfect, since there were many blackouts in Jimma. We just had to persuade the manager to turn it on. We felt safe and comfortable and since the hotel was located very close to the hospital, we did not have to walk far every morning. We can definitely recommend this place.

The Hospital

During our first two weeks, we attended clinical rotations in Jimma University Specialized Hospital. Here is an overview of the different departments.

Psychiatry

At the psychiatric ward, all patients wear a pajama with teddy bear pattern. This surprised us at first, but it is helps to distinguish patients from relatives. As the relatives stay at the ward with the patients and take care that they wash and do not harm themselves or others, it is the only way for the doctors and nurses to distinguish them. There is one room for males and one for females and some sanitary facilities.

The nurse or mental health workers are in charge for the admission interview. As the patients normally speak either Amharic or Oromifaa, we were really lucky to meet a patient whose English was perfect. This way we could just sit and listen to the interview and did not need an interpreter. The structure of the interview is very similar to the one we were accustomed to from Germany, and we even could ask the patient questions ourselves. Dr. Markos, the head of the psychiatric ward, invited us to join him in the OPD where he taught the medical students. He quizzed us on how we would treat the patients back home. As not all drugs are available in Ethiopia, some patients have to suffer from side effects as they cannot change to another drug.

Internal Medicine

The Internal Medicine Ward is a great place for international students to become acquainted with the daily work of Ethiopian physicians and to get an insight into a variety of infectious diseases. As usual, men and women are separated. Divided into two big rooms with 25 patients each, excluding the bed-filled corridors, the ward was occupied during our whole stay. We saw cases of lung tuberculosis side by side with patients suffering from stage IV AIDS. A rotation in the ward of internal medicine (this includes all specialties of the internal field as well as neurology), is an excellent opportunity to become familiar with diseases, which you either rarely see in our clinical settings or are not so advanced. This holds true especially in the wide field of infectious diseases.

We were all able to learn a lot from the truly excellent trained Interns, Residents and Senior doctors. In particular, we were allowed to seize the opportunity to perform physical examinations under the supervision of one of the residents. The diagnosis of a gastrointestinal bleeding, similarly to the temporo-parietal brain abscess is made exclusively by clinical symptoms with the assistance of laboratory parameters. Invasive diagnostic procedures and technically higher imaging techniques are not available. The offer (with the help of an Oromifaa-speaking nurse), to admit a patient - taking the family history, doing the physical examination under supervision, patient presentation and report writing was irresistible and it was fascinating to thus breach the cultural barrier. In summary, what one has to expect, are excellently trained physicians, occupied wards and a useful refreshment of physical examination abilities. What you should not forget to bring is a flashlight in your pocket and disinfectant.

Surgery

The surgical ward consists of a ward for women and a ward for men, two main operation theatres and the outpatient ward. Besides that, there is a building just behind the “Telemedicine” where they do minor operations that do not require general anesthesia.

Normally, the day starts at eight o´clock with the morning meeting. The interns report about the cases from the last day and night. Once a week, one of the interns gives a presentation about a special case.

After that, some doctors go on rounds in the ward while the others get prepared for the OR. You can join each of the teams, it is entirely up to you.

In the examination rooms you find a wide and diverse range of injuries and diseases like fractures, infected wounds, gun and knife injuries, hernias, acute abdominal pain and very often, there are patients that have been hit by a car. The interns and residents working there are all very friendly and helpful. We assisted in cleaning wounds and sometimes we were also permitted to suture under supervision

We also attended several surgeries. The surgeons are all very friendly and you can join and often also assist in any operation you like. Do bring your own scrubs.

Guest students should also take the opportunity to rotate into the emergency room - interesting cases, like small septic procedures. If you already have experience in terms of knotting, suturing and wound dressing, you were allowed actively participate in patient care and to assist some of the residents in minor operations. And the doctors were always

willing to teach you. Thereby, the residents provided sufficient possibilities to do a lot ourselves. We have seen pathologies in an advanced state, which is not achieved in patients coming into German hospitals. Thyroids reaching the size of a basketball, 3-month old untreated fractures, already rigid, two cases of necrotizing fasciitis, from an academic perspective very absorbing. To sum up, a very educational experience, especially the opportunity to help out in the emergency room.

Gynaecology

The department of gynaecology in Jimma University provides care for women during pregnancy and childbirth as well as for newborn infants. Our daily work started at 8 o´clock in the delivery room. Early in the morning the interns and medical students were still at home so we got the chance to help the residents with deliveries and their other work. We controlled the labor stage checking the dilation of the cervix, counting contractions and looking at the overall appearance. We made periodic checks on the unborn fetus, using a Doppler and observed the vitals like blood pressure and pulse. While women give birth, situations that seem to be very dangerous and highly dramatic sometimes arise. In these cases, it is not always easy to keep a cool head and to concentrate. In the end, everything always worked out and it was a great feeling to hold the baby in your hands. After delivery, we took the baby's APGAR-Score and weight. Mother and child were brought to the normal ward to be checked for after-birth vitals and receive help and guidance with basic baby tasks and breastfeeding.

Paediatrics

The Paediatrics Department consists of the Outpatient Department (OPD) and the ward. The ward is again divided into different specialities: the „normal“ ward, the critical ward, the neonatology and the nutrition ward.

The OPD is the drop-in centre of the paediatrics department. Parents will bring their children with all sorts of diseases, ranging from a mild case of diarrhea to severely infected wounds and critically ill children. There will be interns in the examination rooms, checking one patient after the other and deciding whether or not a case can be treated at home. A resident is usually outside the examination rooms, screening and triaging the huge crowd of patients. The OPD is a very good opportunity to see what the most common diseases in Ethiopian children are and how the doctors deal with them. The diagnostic possibilities are limited; most of the time only simple laboratory examinations can be performed. To get a sonogram you have to wait for several days or go to a private clinic, which most people cannot afford. Therefore the doctors have to rely on their clinical skills and their knowledge. It was extremely impressive how well trained the doctors were.

Due to the distance the parents have to overcome to get to the hospital, you see many severely ill children on the ward. In fact, only the most critical patients can be admitted to the ward due to the lack of space and resources.

In paediatrics we mostly observed infectious diseases. Cases of meningitis, measles, gastroenteritis with severe dehydration and malaria are very common. With regard to that, observing children suffering from measles, it is hard to understand why some people in Germany are still refusing to vaccinate their children against this disease. Apart from that you also see cases of congestive heart failure, neurological diseases and severe malnutrition.

The CBTP

After these first two weeks at the hospital, the Community Based Training Program (CBTP) started.

During the orientation meeting on April 11, each of us guest students was assigned to a different group of JU medical students, who were at the end of their first clinical year of their studies. Each group went to a different kebele, or municipal area, in or surrounding Jimma.

During the first two days, we had several meetings during which we discussed the questionnaire. After that we went to the different Kebeles for four days to collect our data.

The CBTP Results

After a three-week-program during which we collected and analyzed data from different small regions (kebeles) of the Ethiopian countryside, the results were presented at a big symposium. The students who participated in the CBTP (community based training program) had been divided into six different groups: Haro, Bosa Kito, Kenteri, Bulbul, Ela Dale and Frustale (name of the different kebeles). A questionnaire about reproductive and child health was distributed for data collection. The survey was developed to assess family planning knowledge and the awareness about HIV as well as to identify common antenatal, natal and postnatal problems. One more questionnaire including items about health appraisal and detection of defects was used in schools. Every group prepared a final report and a PowerPoint presentation of their findings. The day before the symposium, the whole group and the supervisors came together to discuss contents, the way of analyzing the data and the appropriate design. In a last session, the results were presented to faculty members, supervisors and to the other groups as well. It was shown that health education should be given on maternal health, particularly on the risks of teenage pregnancy and home deliveries. Furthermore, awareness about breast feeding practice and the time of washing newborns should be spread. The immunization coverage was quite good but the data is less reliable because of vaccination card unavailability.

The Kebeles

Frustale & BulBul (Marie Louise)
Since my kebele, called Frustale (but recently renamed Seto Semero), was located only 4 km away from the university campus, I asked whether I would be able to accompany Marie's group which was going to Bulbul, a kebele 38 km away from Jimma, located totally on the countryside, in order to see how the people lived in a more rural area. In

the end, I went to Bulbul for two days and collected data with Lily and Mohammad, both of whom were absolutely wonderful. They translated for me whilst we walked from house to house under the searing heat of the unrelenting sun, passing men and women working on the fields, plowing with the help of oxen. Generally, the people we interviewed were rather friendly and very open, but at times the women were so shy that their husbands answered in their stead (however, it was probably due to the presence of said husband that the woman acted rather subdued), which made the whole point of the survey questionable as it was aimed at women, asking them about maternal and child health care practices. For me, it was new to see how people lived in conditions that I had never witnessed before in my life. Water had to be fetched from far away each morning, carried in large palm oil plastic containers; nor was there electricity and a lot of times, livestock also lived in the round huts. It was all the more interesting to see how the Ethiopian medical students interacted with our interviewees. They were courteous, but also forthright and quite blunt in their questioning. It was amazing to experience, though, how much the students cared once they were in the field, making sure to educate the study population at least about their gravest errors in perception and knowledge. After the two days in Bulbul, I spent another two days in Frustale, where I took part in the check-ups in the high school. For me, it was interesting to not only see the difference between the rural and the urban area, but also to laugh with Ethiopian medical students and to bond with them over delicious coffee during the coffee ceremony we arranged on our last day in Frustale.

Ella Dalle Kebele (Moritz)

My kebele was located 12 km away from Jimma. Every morning, we were brought there by bus. There, we went from one household to another to fill in the questionnaires. It was very special to get in contact with the local people and learn something about their life in the village. At noon we had lunch that we had brought with us, the tasty injera firfir! At about three or four o´clock in the afternoon, the day was finished and we drove back to Jimma.

I had a very nice time during the CBTP. Altogether it was a great chance to get an idea of the life and the problems of the people in the village. Besides that, the CBTP is a good way of learning to work in a team.

Bul Bul (Marie)

Bul Bul is the most remote Kebele of all CBTP Kebeles. More than 90% of the rural population are illiterate. Still, the awareness and knowledge about HIV was better than I expected. For me, it was a great experience to see how people actually live on the countryside. Sometimes we had to walk for 15 minutes and to climb hills to get to the next hut. Nobody refused to be interviewed by us and we often were invited to enter the huts.

Feedback

Our time in Ethiopia and the CBTP was an amazing experience and we are very grateful for the chance to be part of this program.

Thanks to our regular meetings we were very well prepared for our stay. We all had a good knowledge about the country as well as the culture of Ethiopia, which made adapting to the new environment a lot easier. Still, we all felt that some more preparation for the CBTP would have been very helpful, since we all did not really know what to expect and how a day at the CBTP would exactly look like. When we found out that we would make that wonderful experience in the *Kebeles* we all were a little bit disappointed.

Notwithstanding, the CBTP is a great learning experience. The way the students learn about carrying out a survey and analyzing the data in a professional and critical manner is very interesting and educational. Also, the design of an action plan and reviewing the data from different aspects is a fantastic learning opportunity. What we could not encounter yet of course, was the impact our data analysis will have on the general public.

This year's CBTP was three weeks long (instead of the usual two weeks) and included the Easter holidays, the highest religious holidays for many Ethiopians. In addition to that the students had to sit two exams during the Easter week. Nevertheless, we enjoyed our time in Ethiopia very much and would not want to miss a single day of it. Thanks to Professor Siebeck and the entire JU-LMU-Link committee for making this wonderful experience possible.